

I GENERAL INFORMATION

SECTION 1 PURPOSE OF MANUAL

The Texas Department of Health (TDH) Family Planning Policy and Procedure Manual for Title X and Title XX Contractors was developed to guide contractors of the TDH Family Planning Division and TDH regional staff regarding Division policies and related information. Providers of family planning services who are reimbursed by Medicaid (Title XIX) or are Title V contractors for family planning services must follow policies and procedures as established by the TDH Title V Program and/or the Texas Medicaid Program.

Contractors that receive Title X funds have an additional obligation to adhere to the guidelines issued by the United States Department of Health and Human Services, Office of Population Affairs. (See appendices for the Office of Family Planning Program Guidelines For Project Grants For Family Planning Services.)

Federal and state laws related to reporting of child abuse, operation of health facilities, professional practice, insurance coverage, and similar topics also impact family planning services. Contractors are required to be aware of and in compliance with existing laws. (See appendices for Texas law pertaining to reporting child abuse.)

The state rules that apply most specifically to family planning services in Texas are found in the Texas Administrative Code (TAC), Title 25, Part I, Chapter 56. In this manual, excerpts taken word-for-word from the TAC are enclosed in a box and identified by chapter and section number. (See appendices for TAC Title 25, Health Services, Part I, Texas Department of Health, Chapter 56, Family Planning.)

For additional information about TDH family planning, access the TDH Women's Health internet website at <http://www.tdh.state.tx.us/women/index.htm>. Electronic versions of the TAC, federal Title X Program Guidelines, links to other TDH programs' websites, and other useful information are available through the website. Website content that is applicable only to TDH contractors can be selected by using a password issued to contractors.

SECTION 2 DEFINITIONS

§ 56. 2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings.

Board—The Texas Board of Health

Client—Any individual seeking assistance from a Texas Department of Health contractor or provider to meet their family planning goals.

Committee—The Family Planning Advisory Committee.

Contraception—The means of pregnancy prevention. Methods include permanent methods and temporary methods.

Contractor—Any entity that contracts with the Texas Department of Health to provide Title V, X, and/or XX family planning services

Department—The Texas Department of Health.

DHS—The Texas Department of Human Services.

Family planning—The process of establishing the preferred number and spacing of one's children, selecting the means to achieve the goals, and effectively using that means.

Family planning services—A public health care system targeting low-income women, men, and adolescents that is designed to enable people voluntarily to limit their family size or to space their children.

Intended pregnancy—Pregnancy a woman reports as timed well or desired at the time of conception.

Medicaid—Title XIX of the Social Security Act

Provider—Any entity that receives Texas Department of Health funding to provide family planning services.

Region—Any of the public health regions established by the Texas Department of Health.

Title V family planning program—Grants for the provision of family planning services under the Maternal and Child Health Act, 42 United States Code § 701 *et seq.*

Title X family planning program—Grants for the provision of family planning services under the Public Health Service Act, 42 United States Code § 300 *et seq.*

Title XIX family planning program—Family planning services provided under Title XIX (Medicaid) of the Social Security Act, 42 United States Code § 1396 *et seq.*

Title XX family planning program—Grants for the provision of family planning services provided under the Social Services Block Grant, 42 United States Code § 1397 *et seq.*

SECTION 3 FUNDING SOURCES/AVAILABILITY

The Family Planning Division administers three sources of funding, **Titles X, XX and XIX** (Medicaid). Titles X and XX are allocated through a competitive contracting process. Funds are provided to private or public non-profit agencies to support preventive medical and educational family planning services. The Family Planning Division contracts with a variety of organizations to provide family planning services, including local health departments, medical schools, hospitals, private non-profit agencies, and community and rural health centers. Several TDH regional clinics also provide family planning services.

Title X

Congress passed the Family Planning Services and Population Research Act in 1970, adding Title X to the Public Health Services Act. Title X funding is used to pay infrastructure development and operating costs for family planning agencies. (Federal regulation citation: Title X, Public Health Service Act [42 USC § 300 et. seq.], 42 CFR, Part 59, Subpart A, Project Grants and Contracts for Family Planning Services)

Title XIX

Medicaid (Title XIX of the Social Security Act) was created by Congress in 1965. The Family Planning Division requires all agencies that receive Title X or Title XX family planning funding through TDH also to be enrolled providers of services to Medicaid-eligible women and men. (Federal regulation citation: Title XIX, Social Security Act, [42 USC § 1396-1396v et. seq.] Grants to States for Medical Assistance Programs)

Title XX

Title XX or the Social Services Block Grant (SSBG) is the social services component of the Social Security Act. Title XX funds are used to provide individual and community-wide educational activities as well as direct medical care. Title XX SSBG funds are supplemented by TANF funds as authorized by the legislature. (Federal regulation citation: Title XX, Social Security Act [42 USC § 1397a et. seq.], Block Grants to States for Social Services)

SECTION 4 CONTRACTOR SELECTION PROCESS

Family Planning contractors must apply for Title X and XX funding through the TDH's competitive Request for Proposals (RFP) process. TDH announces RFPs for public health services on the Electronic State Business Daily, also known as the "Texas Marketplace." All applicants must submit all forms as requested in the RFP to be considered for funding. The TDH Family Planning Division reviews applications for family planning funds using a standardized review tool, and makes funding decisions. The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project(s), the number of women in need in the area, agency/clinic capacity, and the existence of other providers. Once decisions are made, TDH enters into agreements (contracts) with approved applicants to provide family planning services. Contractors are funded for a 12-month budget period within a project period of three (3) to five (5) years.

Contractors must re-apply annually through a non-competitive continuation RFP process to receive continued funding for the second and third contract year. Continued funding in future years is based upon the availability of funds and documented progress of the project(s) during the prior budget period. Due to fluctuations in federal funding levels, Title X and XX funding availability is subject to change for each contract year.

SECTION 5 TDH STAFF RESPONSIBILITIES FOR FAMILY PLANNING

The Texas Family Planning Division administers funds from three family planning funding sources (Title X: Family Planning, Title XIX: Medicaid, and Title XX: Social Services) in order to promote and support the delivery of family planning and related services across the state. Program staff is located in the Texas Department of Health's (TDH) central office in Austin and in five of TDH's eleven Public Health Regions (PHRs). Staff in the PHRs are called Regional Family Planning Specialists (RFPPSs), and each is the primary contract manager for provider agencies in their assigned PHR(s). Central office staff is organized by function: **administrative, clinical, and special projects.**

While roles and responsibilities of the staff often overlap (e.g., development of educational materials, provision of technical assistance, assessing provider agency performance), the following descriptions will help guide provider agencies and others to the appropriate source of information and assistance desired.

1. ADMINISTRATIVE SECTION — Primary Roles and Responsibilities:

- Administer the program policies, procedures, and rules for the three family planning funding sources (Titles X, XIX, and XX).
- Allocate funds, monitor contractor spending, adjust and amend contractor budgets as necessary.
- Coordinate the funding application and contract renewal process for approximately 70 family planning agency contracts with approximately 350 clinic sites.
- Oversee the automated claims processing and reporting systems.
- Provide programmatic technical assistance to RFPPSs.
- Coordinate and support the Family Planning Advisory Committee (FPAC) and the Subcommittee of Regional Coordinating Committee Chairpersons (SRCCC).
- Develop special grant applications and special initiatives.
- Analyze and track proposed legislation and regulations.

2. CLINICAL POLICY/EDUCATION SECTION — Primary Roles and Responsibilities:

- Develop, review, and revise clinical policies for delivery of family planning services by agency contractors.
- Provide, directly or in collaboration with the Center for Health Training, clinical technical assistance or training to family planning service providers.
- Develop and disseminate newsletter for family planning service providers.
- Develop and distribute family planning educational materials.
- Serve as a resource for family planning clinical information.
- Review and update Medicaid clinical policy with regard to family planning in collaboration with the Texas Health and Human Services Commission (HHSC).
- Liaison with the TDH Quality Assurance Division for integration of program needs and site visit findings.
- Coordinate state's Federal Region VI Infertility Prevention Project.
- Coordinate state's Title X HIV Prevention Projects.

3. SPECIAL PROJECTS — Primary Roles and Responsibilities:

- Administer Family Violence/Sexual Abuse Prevention Project.
- Administer Male Involvement Initiative.
- Administer Teen Pregnancy Prevention Workgroup.

4. REGIONAL FAMILY PLANNING PROGRAM SPECIALISTS (RFPPSs) — Primary Roles and Responsibilities:

- Serve as primary liaison between the family planning agencies and the Texas Department of Health by:
 - Interpreting program policies and procedures, ensuring correct implementation of new policies. Monitor for compliance.
 - Managing provider agency contracts (e.g., budget tracking and monitoring, contract revision).
 - Providing technical assistance and education to contractors.
 - Promoting community relations with TDH and with other health and social services entities.
 - Participating in Regional Coordinating Committee (RCC), Regional Health Education, and Family Planning Advisory Committee meetings.
- Respond to inquiries from providers, community, and the public.
- Assist providers in resolving claims processing issues.
- Contribute to the contract application review and funding processes.
- Conduct clinical and administrative site visits with the Quality Assurance Division's teams (includes development and follow-up of provider's corrective actions and providing technical assistance). Provide quality assurance feedback to contractors and to central office program staff.
- Conduct site reviews for Medicaid Family Planning Agency applicants.
- Serve as primary program liaison to various groups:
 - Regional Health Departments
 - Local Health Departments
 - Family Planning Coordinating Committees
 - Health and Social Service Agencies
- Participate on special projects or work groups as requested by central office staff.

SECTION 6 PROVIDER SUPPORT TEAMS

The primary purpose of creating provider support teams is to facilitate orientation and on-site knowledge of contractors for Family Planning Division staff from the TDH central office. This enables them to more effectively serve in their capacity as program administrators, project managers, grant writers/developers, RFP application reviewers, and clinical or administrative consultants. The intent is to supplement/support the efforts of the RFPPS, rather than duplicate their responsibilities to contractors. While technical assistance may be offered when appropriate, the visits are not intended to monitor or assess the clinics or agencies.

Each Provider Support Team is composed of two or three central office staff and an RFPPS. They are formed to combine administrative and clinical expertise, newer staff with tenured staff, and to draw upon cultural competencies. These teams may be realigned as needed to accommodate staffing changes and workload.

SECTION 7 POLICY CLARIFICATION PROCEDURE

Background

The Policy Inquiry Process has been established to provide clarification to family planning contractors when questions regarding family planning policy arise. The goals of this process are to:

- Standardize the procedure used to answer contractors' policy questions
- Respond to inquiries in a timely manner
- Provide consistent information to all Regional Family Planning Program Specialist (RFPPS), Central Office Staff, and family planning contractors

What issues are considered candidates for the Policy Inquiry Process?

- An issue arising because of changes in laws, rules, technology, or medical practices
- An issue that affects many providers that has not yet been addressed in policy
- Conflicting family planning policies or requirements
- Informal understandings/instructions that have not been formalized into policy

An issue specific to only one or two providers would not go through the formal policy inquiry process.

Submitting a Policy Inquiry

The Regional Family Planning Program Specialist usually serves as the point of contact for contractors' policy questions. The RFPPS forwards pertinent question(s) to Central Office. On occasion, Central Office staff may be contacted directly by the agency for a policy clarification. Providers are encouraged, as much as possible, to route questions through their RFPPS.

What are the steps for RFPPS to submit a policy inquiry?

- Get questions from contractor
- Determine whether question is appropriate for policy inquiry process
- If yes, fill out form as completely and succinctly as possible
- Submit form to Central Office Policy Inquiry Coordinator

What are the steps when a policy question is received directly by Central Office staff?

- Determine if a policy clarification is required
- If yes, fill out a policy form. Attach any correspondence from the contractor

Central Office Procedures

- The Policy Inquiry Coordinator will review the form to ensure that the question is clear, has not been addressed previously, and would be best addressed through this process.
- If a policy clarification is not required, or if the issue has already been addressed, the Coordinator will provide pertinent information to RFPPS.

- If a policy inquiry is initialed, the Coordinator will forward it to either the clinical or the administrative section leads, as appropriate. Clinical/education questions will be referred to the administrative section lead. Administrative questions will be referred to the administrative section lead.
- The Policy inquiry will be copied to all RFPPS, to the lead of the other section, and to the FP Program Director.
- If RFPPS have any comments/suggestions about the policy inquiry, these should be directed to the appropriate section lead.

Answering a Family Planning Policy Inquiry

- Section lead assigns Policy Inquiry to staff.
- Assigned staff researches the issue and drafts a response.
- A draft is submitted to the appropriate section lead for review.
- A final draft is submitted to the Family Planning Program Director for final approval.
- The final version is signed off.

OR

- An internal memo or email is sent by the section lead or the designated staff to the submitter to let them know that the inquiry is being handled.
- A final response will be issued.
- Coordinator will notify all RFPPS and Central Office staff of the final decision.
- The final policy clarification will be filed in a binder at Central Office and on the common computer network directory.
- RFPPS will send the policy clarification out to contractors.